

*On the ready Curability of the more acute Form of Hydrocephalus, in its earliest Stage, under active Treatment; with a Case.* By ALEXANDER HARVEY, M.D., Lecturer on the Institutes of Medicine in Marischal College and University, Aberdeen.

It is on all hands admitted that the acute hydrocephalus (using that term as equivalent to acute inflammation and its effects, of the brain or its membranes) shows little or no tendency to a spontaneous favourable termination, and very quickly passes into a state which, although not absolutely intractable by remedies, nor inevitably fatal, is yet very little under their control, and very seldom recovered from.

There is considerable difference of opinion, however, as to the degree in which it is amenable to remedies within the first two or three days from its outset. Formerly, when as yet the true nature and the proper treatment of the disease were unknown or imperfectly understood, it was very generally believed that even at that early period the genuine hydrocephalus is singularly little, if at all, susceptible of the influence of remedies of any kind. This persuasion, however, of its peculiar obstinacy does not now obtain, at least to that extent, or is entertained by comparatively few, and the greater part of the profession seem to look upon it as neither so intractable nor so fatal as it was viewed by the first writers on it.

But this more general admission in favour of the curability of the disease is made with very different degrees of readiness by different practitioners. Some very competent observers seem to be decidedly of opinion that, within the period specified, the more acute and well-marked form of it yields comparatively readily to active treatment, particularly copious and repeated blood-letting and full purging; and to have satisfied themselves of the actual accomplishment of a cure, in their own practice and under such treatment, in a *considerable proportion* of cases, or even in *the great majority* of cases.

I apprehend, however, that the great bulk of the profession have no such lively persuasion of the curability of the disease, nor any such confidence in the efficacy of treatment, even in its more acute form and in its earliest stage; and that it is a fair account of their experience to say, that, of the cases of that kind seen by them from the commencement and then brought under

treatment, although more or fewer of them recover, the larger proportion terminate fatally.

And there are still, as formerly, not a few, though few comparatively, who have either strong misgivings or are positively sceptical as to the curability of the genuine hydrocephalus at any period or in any form. Their own experience of it has, perhaps, been so uniformly unfavourable as to have created or strengthened a conviction in their minds of its being almost necessarily fatal; and so strong is that conviction, that they do not hesitate confidently to avow their belief that those of a contrary persuasion are either singularly credulous, or greatly deceive themselves in regard to the evidence on which that persuasion is founded; and that the cases adduced by them as examples of hydrocephalus cured in its earliest stage had not been cases of that disease at all, and are "remarkable only for their singular resemblance to it."

And there is yet another, and perhaps a still larger class of practitioners, who do not question abstractly the curability or even the ready curability of this disease during the short period specified, but doubt or deny the possibility of *recognising* it at that time, except in a very few cases, with sufficient certainty to *warrant* active interference, and condemn perhaps, or at least practically disregard, the principle of being guided in the treatment of doubtful cases by probabilities of a low kind as to their real nature. In regard to many of the cases which come before them, they may from the first have strong suspicions—suspicions which are often painfully justified afterwards; but they do not feel themselves called upon, on the faith of these, to subject their patients to the active treatment which they would at once adopt were they fully satisfied that they were labouring under actual hydrocephalus. Their experience of the disease, accordingly, is perhaps as unfavourable as that of the preceding class; but they attribute their want of success, not to any peculiar obstinacy in the disease to the influence of active treatment, but to the impossibility of making out the diagnosis in its early stage.

Nothing is more certain than that the settled convictions of our minds in regard either to the curability of the disease or the diagnosis of it, in its early stage, will very materially influence, though insensibly it may be to ourselves, our conduct in this department of practice. And, accordingly, it will be found, I





apprehend, that those who entertain a confident persuasion of the ready curability of the disease, at the period and under the treatment already mentioned, and are impressed with the importance of being satisfied, in judging of the diagnosis, with indications much short of certainty, are at once prompt and energetic in their practice; that those who are more or less sceptical as to its curability, or require rather clear evidence of its existence, are so far influenced thereby, in cases at least which are at all doubtful, as to decline or defer any very active or decided practice; and that those who, though agreeing generally in the views of the former class, are less confident in their apprehension of them, and less sanguine as to the general efficacy of bold and energetic practice, are proportionally less prompt and decided in their treatment.

And what if the views of the first class, and their statement of the successful results of practice, are well founded? What if it be true that hydrocephalus, in its more acute form and in its earliest stage, is readily amenable to active treatment, and that its diagnosis may in general be then made out with sufficient confidence to warrant such treatment? And what if the views of the others are erroneous, and their unfavourable experience of the disease attributable to inefficient practice, or to active practice either too long deferred or carried to a degree short of what the disease requires? These are obviously questions of the utmost *practical* importance.

Being myself satisfied that the evidence adduced and relied on by those who believe that these questions admit of an affirmative answer, has stronger claims on our consideration than many suppose, or at least that "*it is not so clear a case that there is nothing in it,*" I think it might not be amiss, for the sake of those who have never carefully examined it, to lay that evidence formally before them, and to urge upon them whether, if, upon a due consideration of it, it shall not appear altogether satisfactory to their minds, it is not, at all events, such as to require of them a line of conduct nearly, if not exactly, the same as if it were in the highest degree conclusive; and whether, also, it is not our duty, in dealing with a disease of so intractable a character when fairly established, and so hopeless when left to itself, to act in doubtful cases upon indications of a slight nature, and on low probabilities as to their curability in all cases, and not decline or defer the adoption of active treatment till we have some

sort of *certainty* as to the nature of the cases on the one hand, or on the other, *clearer* evidence than yet appears of the efficacy of such practice.

It is certain, indeed, that if we are habitually guided in our treatment of this class of cases by such principles as these, “it will be impossible for us to say how many of those cases which under active treatment terminate favourably, would otherwise have ripened into well-marked hydrocephalus; and we must be content to have it said, without its being possible for us to refute the assertion, that not all of the disorders which we treat as acute hydrocephalus are really instances of that complaint.”\* Nay, doubtless, it must happen that, acting on such principles,—guided often in a great measure by conjecture,—“not waiting till the nature of the symptoms *demonstrate* that the malady is present, while they demonstrate also, at the same time, that it is well-nigh hopeless,”† we shall occasionally subject patients to a plan of treatment which, could we get behind the scenes, we should perceive to be unnecessary. But in regard to this disease, it is especially important to remember that “*probability is the very guide of life*,”‡ and that “in those diseases in which most can be done by art, our practice must always be guided in part by *conjecture*, because, if we wait for certainty, we very often wait till the time for *successful* practice is past.”§ And, if err we must at times, better far the reflection, at the close of our professional life, that if chargeable in this particular instance with the *nimia cura medici*, we have at least lost comparatively few cases of acute hydrocephalus seen by us from the commencement, than that of being guiltless in that respect, but of having lost many such cases.

I propose, then, to state somewhat formally and in detail the evidence in favour of the belief which is entertained by some very competent authorities, that the hydrocephalus, in its more acute form, is, in its earliest stage, very generally amenable to active treatment, and that the diagnosis of that form of it may generally be made out at that stage with sufficient confidence to warrant active interference.

I must defer doing so, however, till a future occasion, and

\* Watson's Lectures on the Practice of Physic, p. 428.

† Ibid.

‡ Butler's Analogy, Introduction.

§ Alison, History of Med., Cyc. of Prac. Med., vol. i. p. lxxxvii.



will in the mean time conclude these remarks with the following case, which fell under my care very recently, and which in my opinion admirably illustrates the force of them.

#### CASE.

A young gentleman, ætat. fourteen, one of a family of whom three had died of hydrocephalus, and himself sufficiently remarkable for the “acuteness of his senses, and the activity of his mental powers of observation and apprehension,” so often seen in the victims of that complaint,—after being confined to the house for some days on account of a slight cold, began to complain the week following of acute pain in one of his temples, attended with some quickness and sharpness of pulse at night. For these symptoms he was again confined to the house, and smartly purged. On the third day thereafter, the pain had considerably abated, and on the morning of the fourth he seemed to be quite well.

On the evening of that day, however, the pain returned, and besides being as acute as formerly, now affected both temples and the forehead. On seeing him next morning, I learned that he had passed a restless night, and had been frequently wakened out of sleep by the severity of the pain; and that the pain itself, while more acute than that of ordinary headach, darted at times through his head in stounds or twinges, was easiest when he lay quietly in bed, and much aggravated on moving his head or assuming the erect posture. His head felt sensibly warmer than natural, but there was no throbbing of the temples nor flushing of the face, and his pulse was tranquil. He had been much sickened by some medicine he had taken at bedtime, and had vomited several times in consequence; and this was observable as the effect of the medicine he had taken in the earlier part of the week.

These symptoms—especially the character of the pain—taken in connexion with his presumed tendency to hydrocephalus, seemed to me to warrant suspicion of their being dependent on incipient inflammation within the head. I therefore immediately bled him from the arm to the extent of ten or twelve ounces, with the effect of inducing faintness, sickness, and vomiting. Thereafter I had his hair cut short, and cold assiduously and effectually applied to the head, and prescribed for him strong purgative medicine. The pain of the head was considerably relieved by the

bleeding. The blood drawn was very distinctly buffed. The medicine sickened him a good deal, but purged him fully and repeatedly in the course of the day.

Next morning, the pain of head, though much easier, still continuing to come in stounds, I again bled him from the arm to the same extent, and with the same effect, as yesterday. This bleeding entirely and at once removed the pain. The blood was even more sizzly than on the former occasion, and much contracted. The purging was kept up briskly, and the cold applications to the head were continued.

The pain did not again return; he regained his strength rapidly; and in less than a fortnight was allowed to resume his wonted occupations.

The distinctly inflammatory appearance of the blood drawn strengthened my suspicion that the case was one of inflammation within the head, in its first stage; and the rapid abatement of the symptoms consequent on the bleeding and purging, and the speedy convalescence, notwithstanding the weakening effect of these, heightened it still more, as indicating that an inflammatory disease had been *cut short*.\*


Should any one, however, dispute the inference thus drawn as to the nature of the case, I shall not insist upon it. I at once admit that the inference is only a probable one; and that, had the pain been more distinctly violent—shooting through the head with such intensity as to cause screaming—had there been marked sickness, and vomiting of all or nearly all ingesta, delirium, and quickness and sharpness of pulse, my own mind would be much better satisfied in regard to it. I take leave, however, to remark, that the symptoms were precisely similar to those attending the commencement of many cases which have ended in fatal hydrocephalus, and in particular to those described by Dr Abercrombie as constituting his fourth and fifth variety of this class of head affections; and that, unless such a one is disposed to deny the inflammatory nature of that disease, or, admitting this, to deny the curability of it, even in its early stage, he cannot surely refuse allowing, that the whole circumstances of the case were such as not only to justify the treatment adopted, but imperatively to demand it.

ABERDEEN, May 17, 1844.

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\* Brit. and For. Med. Review, vol. iii. p. 307.





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